

**Response to Office Action Mailed June 10, 2003**

**A. Pending Claims**

Claims 1-11, 13-18, 20-22 are currently pending. Claims 1, 9, and 16 have been amended. Claims 12, 19 and 23-27 have been cancelled.

**B. The Claims Are Definite Pursuant To 35 U.S.C. § 112, Second Paragraph**

The Examiner rejected claims 23-27 under 35 U.S.C. § 112, second paragraph, “as being incomplete for omitting essential structural cooperative relationships of elements, such omission amounting to a gap between the necessary structural connections.” Applicant respectfully disagrees, however, to expedite prosecution of the application, Applicant has amended the claim for clarity.

**C. The Claims Are Not Obvious Over Borghesi In View of Burchetta Pursuant To 35 U.S.C. § 103(a)**

The Examiner rejected claims 1, 2, 6, 7, 9, 10, 12-14, 16, 17, and 19-21 under 35 U.S.C. 103(a) as obvious over U.S. Patent No. 5,950,169 to Borghesi et al. (hereinafter “Borghesi”) in view of U.S. Patent No. 6,330,551 to Burchetta et al. (hereinafter “Burchetta”). Applicant respectfully disagrees with these rejections.

In order to reject a claim as obvious, the Examiner has the burden of establishing a *prima facie* case of obviousness. *In re Warner et al.*, 379 F.2d 1011, 154 U.S.P.Q. 173, 177-178 (C.C.P.A. 1967). To establish a *prima facie* obviousness of a claimed invention, all the claim limitations must be taught or suggested by the prior art. *In re Royka*, 490 F.2d 981, 180 U.S.P.Q. 580 (C.C.P.A. 1974), MPEP § 2143.03. Applicant submits that the cited art, taken in combination, does not appear to teach or suggest all of the claimed limitations of the cited art.

Amended claim 1 describes a combination of features including:

an insurance claim processing server comprising a first CPU and a first memory coupled to the first CPU, wherein the first memory stores a first set of program instructions which are executable by the first CPU to:

estimate a value of an insurance claim as a function of insurance claim assessment data entered by a user during an insurance claim consultation session, wherein the first set of program instructions further comprise a sequence of insurance claim processing steps established dynamically in real time;

Support for the amendments to claim 1 can be found, for example, in Applicant's specification, which states:

In one embodiment, during the processing of an insurance claim, a business rule and/or an IC system user input may determine that the insurance claim processing needs the execution of additional steps or tasks to continue the processing of the claim. The IC system user may provide inputs to the insurance claims processing server software 60 at any display screen associated with a step included in a Table of Contents. The insurance claim processing software may dynamically modify the number of steps and/or the sequence of their execution to complete the claim processing transaction. An IC system user working at a client system 20b may then iterate through the claim processing steps and arrive at an estimated value for the insurance claim.

(Specification, page 13, lines 21-29)

The Examiner rejected the claims "for substantially the same reasons given in the previous Office Action (see paper number 8), and further in view of Burchetta et al." In her previous Office Action, the Examiner states that:

Borghesi discloses a system for managing insurance claim processing comprising:  
(a) a communication server for insurance claim management comprising a processor coupled to memory, wherein the memory is embodied as a mass storage device and storing a program constructed using known software tools and languages, wherein the program is used to ... [transmit], from a remote computer to the server, a predetermined amount of data related to calculating a total loss valuation of a claim, wherein the data is input by a user through a user interface;  
(b) at least one remote computer terminal ... wherein the program is used to:

[input and output] data pertaining to an insurance claim through a graphical user interface; and [send] an insurance claim data file over a network to the communications server, wherein the data file contains data on the insured, data on a claim, and data on satisfying the claim.

Applicant's claim 1 is directed to a method of processing insurance claims. The method includes the use of an insurance claim processing server. While Applicant submits that an obviousness rejection may be based on what the combined teachings of the references would have suggested to those of ordinary skill in the art, Applicant further submits that all of the features of Applicant's claims must be taught or suggested by the cited art. Applicant submits that the Examiner appears to rely on Borghesi for the teaching of an insurance claim processing server. Applicant submits, however, that neither Burchetta, McKee, or Walker appear to teach or suggest the use of an insurance claim processing server.

Applicant's claims are directed to an insurance claim processing server. An insurance claim processing server comprises a web server which is configured to collect insurance claim information. The web server is also configured to estimate a value of an insurance claim as a function of the insurance claim information. The Examiner points to specific features in Borghesi that teach the use of a communication server for collecting insurance information. Specifically, as cited above, the Examiner suggests that Borghesi teaches a server that "transmits, from a remote computer to the server, a predetermined amount of data related to calculating a total loss valuation of a claim, wherein the data is input by a user through a user interface." The Examiner does not point out, however, where Borghesi teaches or suggests that the communication server is configured to estimate a value of an insurance claim.

Applicant's claims are directed to the processing of insurance claims using a non-traditional computer architecture. Traditional computer systems include mainframe and personal computer architectures. For example, Applicant's specification states:

In knowledge-based systems, to estimate a claim for bodily injury, the user may enter inputs on a display screen and step through a series of displays or screens to complete the data input process. This process may be referred to as a consultation

session. The knowledge-based claim processing system may then utilize the user-provided inputs to generate a consultation report. The consultation report may include, for example, an estimate of a value of an insurance claim.

In the past, such knowledge-based systems for estimating the value of an insurance claim have been limited to traditional computing architectures such as mainframes and stand-alone personal computers. Therefore, it was necessary to install and maintain client software as well as server software for these knowledge-based systems in particular physical locations. With the growth of the Internet, however, many personal computers may now be granted client access to servers distributed all over the world.

(Specification, page 2, l. 4-17)

Such traditional computer architectures suffer from a number of drawbacks including the need to continually update and maintain client software on each individual system. Applicant's claims are directed to a server-based system that includes a widely accessible and centrally maintained computer system for determining insurance claims. One advantage of Applicant's system is that the software used to estimate insurance claims is located on a single system. Therefore, installation, maintenance, and update of the software will only need to be performed on a minimal number of systems.

Applicant further describes in detail how such a system is configured to determine insurance claim estimates. For example, Applicant's specification states:

Figure 3a is an illustration of an insurance claims processing server software 60 architecture for a single client according to one embodiment. The server software 60 may include an insurance processing rules engine 61. As used herein, a "rules engine" may include an expert system which is operable to produce an output as a function of a plurality of rules. A rules engine, in one embodiment, may include an expert computer system which utilizes and builds a knowledge base developed in the form of business rules and/or formulas to assist the user in decision-making. In one embodiment, the rules engine 61 is operable to generate insurance claim assessment questions to be displayed to a user during an insurance claim consultation session. The rules engine 61 may also be operable to estimate a value of an insurance claim as a function of insurance claim assessment data entered by a user in response to the insurance claim assessment questions. In one embodiment, the insurance claim may include a bodily injury claim, the insurance

claim assessment questions may include bodily injury claim assessment questions, the insurance claim assessment data may include bodily injuries and treatments thereof.

(Specification, page 14, line 22 through page 15, line 5)

In one embodiment, the insurance claims processing server software 60 may include a web server such as an internet information server (IIS) 64. As used herein, a "web server" includes a system for supplying clients with access to web pages, such as by sending the pages to clients via an appropriate protocol. In one embodiment, a web server may also be operable to generate the web pages dynamically. As used herein, a "web page" includes a block of information which is configured to be displayed by a web browser 68.

(Specification, page 16, line 27 though page 17, line 2)

Borghesi does not appear to teach a insurance claim processing server that is configured to both collect insurance claim information and estimate a value of an insurance claim. Borghesi only appears to teach collecting insurance claim information. Borghesi, however, teaches that different computer software may be used to determine the claim estimates.

A problem that is identified by Borghesi is that many different types of software are used to process insurance claims. In many cases, the different types of software are not compatible with each other. For example, Borghesi states:

Similarly, although separate methods and systems for performing some of the administrative tasks in insurance claim processing workflow are available, each of these separate computer programs requires certain types of data and each outputs a certain type of data. The data required for the separate programs may overlap and lead to redundant data entry tasks being performed. Data sharing between the different, discrete methods and systems that an insurance company uses may be difficult due to incompatible data formats. Therefore, an insurance claim adjuster must spend time keeping track of, and running, the separate programs. Appraisers, repair shops, and others involved in claim processing often need to switch between, and learn how to operate, separate software programs having separate data and interface requirements. Present methods of handling insurance claims not only tend to require the use of separate software and hardware tools for various calculations, but also require separate organization of administrative material and client mailings to the insured party. Insurance companies often juggle many separate computer files and pieces of paper generated for each claim.

(Borghesi, column 1, line 66 - column 2, line 19)

To solve this problem, Borghesi appears to teach the use of a program to allow a centralized database that includes all of the claim information in a single database and that is capable of interacting with a variety of different programs. For example, Borghesi states:

Accordingly, there is a need for a comprehensive system and method of managing an insurance claim work flow wherein all the tasks of processing a claim may be performed and evaluated. Such a system would have a common user interface to access the various calculation tools and administrative steps. It would also be advantageous to have a centralized electronic datafile containing all data relevant to a claim that would eliminate the need for separate paper files or datafiles and eliminate the need for wasteful reentry of existing data.

(Borghesi, col. 2, lines 20-30)

One advantage of the presently preferred embodiment is that a single user, who previously had to master and juggle numerous programs and pieces of paper, may accomplish all the necessary insurance processing tasks using a single program that holds all claim information in a file in a single database. Other advantages, stemming from the common graphic user interface and single insurance claim workfile, are the elimination of redundant data entry and the ability to view separate calculations at the same time. Further, the entire administrative management of claim processing is aided through the preferred event log section of the insurance claim datafile.

(Borghesi, col. 3, lines 18-29)

Borghesi teaches a server that is configured to create and maintain a database of claim information. The server of Borghesi does not appear to be configured to create estimates of a value of an insurance claim. Instead, values of an insurance claims appear to be collected and entered into the system of Borghesi by various users who have access to the system using a variety of different software applications. For example, Borghesi teaches:

As seen in FIG. 7, the graphic user interface also permits ease of access to information and calculations from traditionally separate insurance processing modules.

(Borghesi, col. 10, lines 29-31)

The user interface acts to seamlessly connect the different functional modules used to calculate and process discrete steps of an insurance claim processing task.

Structurally, each task may be defined as a module which connects through the interface a user to the appropriate data base or communications channel. This open ended architecture allows for expansion at a later date to include greater processing or workflow capability without the need for additional computer hardware, within the same graphic user interface, and therefore without the need for a user to learn a new software program.

(Borghesi, col. 10, lines 46-56)

The insurance processing server of Borghesi appears to allow the user to connect to other computer systems that are capable of processing the collected insurance data. This differs from Applicant's claimed invention. Instead of allowing access to other computer software that is used to calculate insurance claims, Applicant's system is directed to an insurance claim processing server which is configured to estimate a value of an insurance claim as a function of insurance claim assessment data entered by a user during an insurance claim consultation session and collect insurance claim information using a web server. This dual functionality is not taught or suggested by Borghesi, or any of the other cited references.

Amended claim 1 further includes a feature of "wherein the first set of program instructions further comprise a sequence of insurance claim processing steps established dynamically in real time." The Examiner submits that "Borghesi fails to disclose the establishment of program instructions dynamically." To remedy this deficit, the Examiner cites Burchetta. The Examiner states that "it would be obvious to one of ordinary skill in the art to include the dynamic features of Burchetta within the system of Borghesi."

Amended claim 1 is directed to a sequence of insurance claim processing steps that are established dynamically in real time. Applicant submits that none of the cited portions of Burchetta describe "a sequence of insurance claim processing steps established dynamically in real time." Furthermore, Applicant respectfully disagrees with Examiner's assertion that Burchetta teaches the establishment of a sequence of steps dynamically. The Examiner states that Burchetta discloses:

- [a] computer program implementing the computerized dispute resolution system

of claims begins by a user opening a web browser and accessing the system website, wherein the user is prompted by a menu with a series of options.

Applicant submits that Burchetta teaches the use of predetermined menus to access the various functions of the software. There does not appear to be any teaching or suggestion that the menus are determined dynamically, e.g., that the menus would change as data is entered by the user. As such, Applicant submits that these cited portions of Burchetta do not appear to teach or suggest the dynamic establishment of processing steps.

The Examiner further states that:

Burchetta includes a real time system for the entry of claims and settlement offers, wherein the computer program provides for logging into the system to edit or view cases/claims by entering a username and corresponding password, wherein if the username and password do not match those known in the system, the user is shown an error screen with the option to try again, wherein if the user has logged in before with the same computer, his or her user name may already be entered into the system, and the server which distributes the web pages checks the user's password against a username.

The Examiner state that the cited portions of Burchetta "reads on 'wherein the first set of program instructions comprise a sequence of steps established dynamically in real time'..." Applicant respectfully disagrees. Burchetta appears to teach a method of verifying a login ID. The steps of verifying a login ID are not established dynamically, but instead are pre-set by the programmers of the software. No matter how the login process is implemented, (e.g., with or without the use of cookies) the program of Burchetta appears to teach performing a verification step. There does not appear to be any teaching or suggestion that a verification of a login step is, or could be, optional or would be dynamically created. The fact that a computer program includes branches that are invoked based on the inputted answer of a user of the program does not teach that the program is dynamically creating processing steps. As such, Applicant submits that these cited portions of Burchetta do not appear to teach or suggest the dynamic establishment of processing steps.

Finally, the Examiner states that:

Burchetta includes upon logging into the system, for the user add or edit a claim, wherein the add/edit screen includes a “submit” button, which send the information entered on the website to be checked for formatting, wherein the screen points out missing or improperly formatted text, or returns text for verification, and wherein if the text is accepted, the data is sent to the database for entry as an addition or update.

The Examiner state that the cited portions of Burchetta “reads on ‘wherein the first set of program instructions comprise a sequence of steps established dynamically in real time’”

Applicant respectfully disagrees. Burchetta appears to teach a method of verifying data that is entered. The steps of verifying data are not established dynamically, but instead are pre-set by the programmers of the software. Regardless of how the data entry is performed, the program of Burchetta appears to teach performing a verification step. There does not appear to be any teaching or suggestion that a verification of data entry is, or could be, optional or would be dynamically created. The fact that a computer program includes branches that are invoked based on the answer of a user of the program does not teach that the program is dynamically creating processing steps. As such, Applicant submits that these cited portions of Burchetta do not appear to teach or suggest at the dynamic establishment of processing steps.

Applicants amended claim 1 is directed to a combination of features that include the feature of “a sequence of insurance claim processing steps established dynamically in real time.” Applicant’s specification teaches that:

An insurance object may be represented on the computer screen 50a and/or 50b by a graphical icon or by a display listing the properties of the insurance object in graphic and/or alphanumeric format. An insurance claim object may be configured to gather and evaluate data for processing a filed insurance claim and to automatically make decisions about the insurance claim. The one or more processing steps associated with the processing of an insurance claim may also be configured as one or more processing step objects. In one embodiment, a display screen, which also may be referred to as a page, may be associated with a processing step. The display screen may also be represented as an object. Each display screen object may include a property to point to a previous display and another property to point to a next

display screen. Each property, e.g. the next display pointer on a display screen object, may be changed dynamically by using methods associated with the display screen object. One display screen object may serve as the starting point for processing insurance claims. In one embodiment, the starting point for processing insurance claims may include acquiring an insurance claim identification number from an IC system user.

In one embodiment, during the processing of an insurance claim, a business rule and/or an IC system user input may determine that the insurance claim processing needs the execution of additional steps or tasks to continue the processing of the claim. The IC system user may provide inputs to the insurance claims processing server software 60 at any display screen associated with a step included in a Table of Contents. The insurance claim processing software may dynamically modify the number of steps and/or the sequence of their execution to complete the claim processing transaction. An IC system user working at a client system 20b may then iterate through the claim processing steps and arrive at an estimated value for the insurance claim.

(Specification, page 13. lines 5-29)

Applicant submits that the dynamic modification of processing steps is not taught by Borghesi, Burchetta or the combination thereof. As such, Applicant respectfully requests the removal of the Examiner's rejections of claim 1 and the claims dependent from claim 1.

If an independent claim is nonobvious under 35 U.S.C. 103, then any claim depending therefrom is nonobvious. *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988).

Applicant submits that, for at least the reasons cited above, that the claims dependent from claim 1 are patentable over the cited art.

Amended claim 9 describes a combination of features including:

receiving insurance claim assessment data entered by a user in response to a plurality of insurance claim assessment questions during an insurance claim consultation session; and

sending the insurance claim assessment data across a network via one or more Internet protocols to an insurance claim processing server, wherein the receiving and the sending comprise a sequence of insurance claim processing steps established dynamically in real time; and

estimating a value of an insurance claim as a function of the insurance claim assessment data entered by the user.

Applicant submits, for at least the reasons cited above, that the features of claim 9 are not taught or suggested by Borghesi in view of Burchetta. Applicant respectfully requests removal of the rejection of claim 9 and the claims dependent thereon.

Amended claim 16 describes a combination of features including:

receiving insurance claim assessment data entered by a user in response to a plurality of insurance claim assessment questions during an insurance claim consultation session; and

sending the insurance claim assessment data across a network via one or more Internet protocols to an insurance claim processing server, wherein the program instructions comprise a sequence of insurance claim processing steps established dynamically in real time; and

estimating a value of an insurance claim as a function of the insurance claim assessment data entered by the user.

Applicant submits, for at least the reasons cited above, that the features of claim 16 are not taught or suggested by Borghesi in view of Burchetta. Applicant respectfully requests removal of the rejection of claim 16 and the claims dependent thereon.

**D. The Claims Are Not Obvious Over Borghesi In View of McKee And Walker And Further In View of Burchetta Pursuant To 35 U.S.C. § 103(a)**

The Examiner rejected claims 3 and 4 under 35 U.S.C. 103(a) as obvious over U.S. Patent No. 5,950,169 to Borghesi, in view of U.S. Patent No. 6,272,482 to McKee et al. (hereinafter “McKee”) and U.S. Patent No. 6,119,093 to Walker et al. (hereinafter “Walker”), and further in view of Burchetta. Applicant respectfully disagrees with these rejections.

The Examiner states: “(A) Claims 3 and 4 have not been amended and are rejected for the same reasons given in the previous Office Action (paper number 8, section 7, pages 7-9). In

the Office Action mailed November 25, 2002, the Examiner stated:

Borghesi fails to expressly disclose a rules engine. McKee includes an expert business system, including a knowledge base and an inference engine, relying on a large number of business rules applied to insurance claims and losses (col. 1 lines 5-36 and line 58 to col. 2 line 7 and col. 4 line 24 to col. 5 line 30)....

Borghesi and McKee fail to expressly disclose a web server, a web browser, and web pages comprising insurance claim assessment questions. However, Borghesi includes remote computer terminals in communication with a communication server over a communications line, such as telephone lines or wireless communications facilities, or a network, wherein the communication is provided over a general wide area network provider such as America Online TM (AOL) (col. 5 line 50 to col. 6 line 5). Furthermore, Borghesi includes a user interface for managing insurance claims and communicating with the server using TCP/IP, wherein the interface displays information for creating or editing an estimate including changing estimate lines within the estimate, and identifying other charges such as towing or storage fees (Fig. 9-12, col. 11 lines 44-51 and col. 23 lines 16-34). It is noted that the information displayed in Borghesi's interface such as identifying charges is considered to be a form of a question relating to claim assessment.

Claim 3 describes a combination of features including: "wherein the first set of program instructions comprises a rules engine and a web server; and wherein the second set of program instructions comprises a web browser." Claim 4 describes a combination of features including: "wherein the first set of program instructions are further executable by the first CPU to generate and send to the client computer system a plurality of web pages comprising insurance claim assessment questions; wherein the second set of program instructions are further executable by the second CPU to display the web pages comprising the insurance claim assessment questions during the insurance claim consultation session."

Applicant respectfully disagrees with the Examiner's characterization of "the information displayed in Borghesi's interface such as identifying charges is considered to be a form of a question relating to claim assessment." Borghesi states:

A graphic user interface for use in managing an insurance claim is also provided. The graphic user interface includes an 'in box' for holding and

demarcating at least one datafile that a user is about to work on, an ‘out box’ for holding and demarcating at least one datafile that a user has completed work on, and an ‘in process’ box that may hold at least one insurance datafile a user is currently working on. In one preferred embodiment, the in box, out box and in process box are concurrently visible to a user. In another embodiment, a plurality of sections visible as overlapping tabbed folder images are included in the graphic user interface. Each of the sections has a visible identification tab and the plurality of sections comprise a datafile. (Borghesi, column 3, lines 5-17)

Applicant’s Specification teaches that a question is asked and answered. For example, Applicant’s Specification states:

Insurance claim assessment data and/or insurance claim assessment questions 140 may also be displayed in the browser page 104. For example, for a given step in the insurance claim consultation session, one or more questions may be asked regarding bodily injuries and/or treatments thereof. A set of acceptable answers (i.e., insurance claim assessment data) may be supplied to the user, such as with a menu or series of check boxes. The user may then select from the possible answers and enter the insurance claim assessment data. The set of acceptable answers may be dynamically generated by the rules engine based upon answers to previous questions. (Specification, page 22, line 25 – page 23, line 2)

Borghesi does not appear to teach or suggest insurance claim assessment questions. Applicant respectfully requests removal of the rejections of claims 3 and 4.

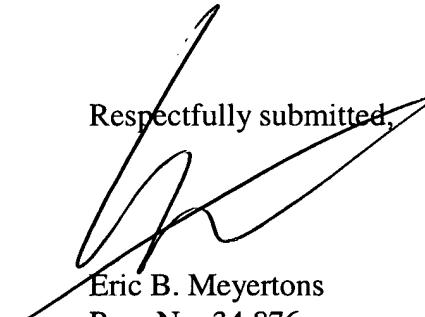
**E. The Claims Are Not Obvious Over Borghesi In View of Burchetta Pursuant To 35 U.S.C. § 103(a)**

The Examiner rejected claims 23-27 under 35 U.S.C. 103(a) as obvious over Borghesi in view of Burchetta. Applicant respectfully disagrees with these rejections, however to expedite prosecution of the application, Applicant has canceled claims 23-27.

F. Summary

Based on the above, Applicant submits that all claims are in condition for allowance.  
Favorable reconsideration is respectfully requested.

Applicant believes that no fees are due in association with the filing of this response. If any extension of time is required, Applicant hereby requests the appropriate extension of time. If any fees are required, please charge those fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account Number 50-1505/5053-36000/EBM.



Respectfully submitted,

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